

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041405

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 329

Primary Registration District No. 6249

Registrar's No. 13

FILED OCT 24 1962

1. PLACE OF DEATH

a. COUNTY

Wayne

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Piedmont Benton

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Home

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Wayne

c. CITY OR TOWN

Piedmont R.R.

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

1 1/2 Mile East

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

John Woodrow Hampton

4. DATE OF DEATH

Month

Day

Year

October 13 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-30-1914

9. AGE (last birthday)

47

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

70 13

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Meat Cutter

10b. KIND OF BUSINESS OR INDUSTRY

Super Market

11. BIRTHPLACE (City and state or country)

Ellington, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

William T. Hampton

13b. MOTHER'S MAIDEN NAME

Verna Clark

14. NAME OF HUSBAND OR WIFE

Ruth Dorham Hampton

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

Mrs. Ruth Hampton Piedmont Mo

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

angina pectoris

DUE TO (c)

undiscovered condition

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-12-62 to 10-13-62

her last saw him live on 10-13-62

Death occurred at 9:00 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

William L. Loeber M.D.

22b. ADDRESS

Piedmont, Mo.

22c. DATE SIGNED

10-15-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-16-62

23c. NAME OF CEMETERY OR CREMATORY

Mosonic

23d. LOCATION (City, town, or county)

Piedmont Mo.

(State)

24. FUNERAL DIRECTOR

William Loeber Piedmont Mo.

25. DATE RECD. BY LOCAL REG.

10-17-62

26. REGISTRAR'S SIGNATURE

Sheila Louelace

Original Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Cedar Funeral Home, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Cohen

Licensed Embalmer No. 3723

P. O. Address Piedmont, W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.